State of Minnesota District Court

County	Judicial District:
,	Court File Number:
	Case Type:
Plaintiff/Petitioner	
and	Affidavit of Personal Service
Defendant/Respondent	<u></u>
STATE OF MINNESOTA	)
COUNTY OF(County where Affidavit sign	) SS ned)
I,(Name of person who hand-delive	, being sworn, state that I am at least ered documents)
	, and that on
,	, I served the
7	, I served the (list all papers handed to the other party)
	upon (Name of other party)
by handing a true and correct copy of the	e documents to him/her at(street address, city, state)
	(street address, city, state)
Dated:	
	Signature (Sign only in front of notary public or court administrator.)
	Name:
Sworn/affirmed before me this	Address:
day of	City/State/Zip:
	Telephone: ()
Notary Public \ Deputy Court Administrator	- · · · · · · · · · · · · · · · · · · ·

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